

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10748 094**

FILING DATE **12-31-03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	56					
TOTAL CLAIMS	60					

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
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TOTAL DEP.						
TOTAL CLAIMS						